SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 27 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740448 (6)

1. Corporation Name
COVE CAY COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
2612 COVE CAY DRIVE CLEARWATER FL 34620-1302	2612 COVE CAY DRIVE CLEARWATER FL 34620-1302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1977
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1768044 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

21 2. Principal Place of Business	26 2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

~~BOYER, HERBERT C.~~
2612 COVE CAY DRIVE
CLEARWATER FL 34620

10. Name and Address of New Registered Agent

61 Name: John Morgan
62 Street Address (P.O. Box Number is Not Acceptable): 2612 Cove Cay Drive
63
64 City: Clearwater FL 65 Zip Code: 34620

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John Morgan
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	~~SOBEL, HAROLD~~	12 NAME	John Morgan	
STREET ADDRESS	~~3400 COVE CAY DRIVE, APT. 6-I~~	13 STREET ADDRESS	11831 94th Street North	
CITY-ST-ZIP	~~CLEARWATER FL~~	14 CITY-ST-ZIP	Largo, FL	
TITLE	VT	21 TITLE	V	☒ Change ☐ Addition
NAME	~~SCHUMM, LOUIS~~	22 NAME	Herbert Boyer	
STREET ADDRESS	~~2010 COVE CAY DRIVE, APT. 406~~	23 STREET ADDRESS	2900 Cove Cay Drive Apt 4-A	
CITY-ST-ZIP	~~CLEARWATER FL~~	24 CITY-ST-ZIP	Clearwater, FL	
TITLE	V	31 TITLE	T	☒ Change ☐ Addition
NAME	~~BOYER, HERBERT~~	32 NAME	William Freeman	
STREET ADDRESS	~~2000 COVE CAY DRIVE, APT. 4-A~~	33 STREET ADDRESS	2621 Cove Cay Drive Apt #907	
CITY-ST-ZIP	~~CLEARWATER FL~~	34 CITY-ST-ZIP	Clearwater, FL	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	CARPENTER, L.	42 NAME		
STREET ADDRESS	1131 SOUTH KEYSTONE DR.	43 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	NOWELL, W.	52 NAME		
STREET ADDRESS	2621 COVE CAY DR. #407	53 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	C	☒ Change ☐ Addition
NAME	~~WILLIAMS, H.~~	62 NAME	Edward Quigley	
STREET ADDRESS	~~2000 COVE CAY DR. #1E~~	63 STREET ADDRESS	2800 Cove Cay Drive Apt 5-C	
CITY-ST-ZIP	~~CLEARWATER FL~~	64 CITY-ST-ZIP	Clearwater, FL	

6/27/95

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID HUMPHREY, GENERAL MANAGER
Date: 6/27/95 Daytime Phone #: (813)536-1949

0016373